

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 9, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 99214 for date of service March 20, 2003.

II. RATIONALE

The requestor was contacted Tuesday, March 16th and a message was left for the office manager. No return call was received. On Friday, March 19th another call was made to the requestors' office. At that time the new address was requested.

- CPT Code 99214 denied as "N, TG – Documentation does not support the service billed". Per the 1996 Medical Fee Guideline, E&M Ground Rule (IV)(C)(2) and CPT descriptor submitted relevant information supports delivery of service. Reimbursement in the amount of \$71.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99214 in the amount of \$71.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$71.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf